Later, if the urethral catheter does not enter the bladder at the first try there is less danger of causing an epididymitis if a wire stylet or catheter guide is used to lift the end of the catheter out of the prostatic bed into the cavity of the bladder.

In the last few years the perineal operation has been improved, the gland removed usually in one piece, and in selected cases the capsule, muscle and fascia closed, saving the patient several weeks of convalescence. The perineal route is the only logical approach when early malignancy or tuberculous infections exist or where seminal vesiculectomy should be performed at the same time. I have used spinal anesthesia in all prostatic and bladder surgery since 1903, and am glad to see the pendulum swinging back to its more popular use.

CARE OF CALIFORNIA'S MENTALLY SICK*

SOME PROPOSED CHANGES IN THE LUNACY LAWS

By GEORGE G. HUNTER, M. D.
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AT a meeting of the state council of the California Medical Association in San Francisco on January 31, the writer presented certain amendments to the California lunacy laws. These proposed amendments were recently sponsored by the Southern California Psychopathic Association and by many of the Los Angeles physicians interested in the matter. The Council very generously approved the amendments and instructed the California Medical Association Committee on Public Policy and Legislation to aid in their passage.

NEED OF BETTER LUNACY LAWS

For a number of years medical men in Southern California whose work has familiarized them with the conditions under discussion, as they obtain at the present time, have felt the need of a general revision of the California lunacy laws not only to better coördinate and simplify and to remove unnecessary legal and administrative delay, but to clarify and emphasize the fact that insanity and mental sickness is after all a problem in the domain of medical science and ought to have no more to do with legal machinery than is absolutely necessary to safeguard the constitutional rights of the individual. The increasing number of the mentally sick gives a special significance to this problem.†

PROGRESS SLOW BUT STEADY

Fortunately there is being built up all over the country by a slow, educative process a considerable group of intelligent, influential citizens who are in sympathy with this concept. However, the legal machinery and the attitude of the average uninformed man still leaves much to be desired. One needs but little observation of the daily grind of many of our lunacy courts and the jury hearings in lunacy trials to realize the vast amount of suspicion and distrust still held toward the physician, and the profound ignorance in the minds of many lay people regarding the whole matter. That the determination of sanity, the disposition of the insane, their treatment and management should be submitted to final decisions of lay persons in the form of our usual juries must seem to scientific medical men or intelligent lay thinkers not only an absurdity but a travesty upon justice. Some attempt has been made to change the practice of jury hearings in lunacy matters, but the fear on the part of certain groups in society that it would be an opening wedge against the jury system as a whole has so far thwarted reform in this direction.

LUNACY LAWS NEED REWRITING

The problem of entirely rewriting our lunacy laws to bring them into harmony with the intelligent public trend toward mental hygiene and the scientific, humane handling of the mentally sick is a task of considerable scope and will require careful study by some authoritative body or groups thoroughly familiar with all phases of the work. In California the most intelligent approach to such a study was made last year by the committee conducting the state mental hygiene survey, and it is to be hoped that as a result of this study some constructive, well thought out, coördinated system may be inaugurated.

In the meantime some amendments to make the present laws a little more flexible, a little more humane and a little more in harmony with the ideas expressed above seem very desirable to many of the medical men who are obliged to meet their daily problems under the present law.

AMENDMENTS NOW SUBMITTED

Our southern California group of citizens who are interested in this work have five or six measures which it is hoped will be favorably acted upon by the legislature, which is now in session, and it is to these amendments that the Council of the California Medical Association gave its approval.

STIGMA OF IMMEDIATE ARREST—WHY THIS HUMILIATION?

Section 2168 at present provides arbitrarily that upon issuance of a warrant by a judge the patient shall be arrested and taken before a judge of the Superior Court of the county for a hearing and examination on such charge, and that upon arrest the arresting officer shall detain such person until an examination and hearing can be had.

We wish to amend this section by insertion of the clause that "pending examination and hearing such order may be made relative to the care,

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* This is a discussion of a report on this matter by a committee, with headquarters in Los Angeles.

† Editor's Note.—The "World Almanac," edition of 1931, page 451, gives the total number of patients in state hospitals for mental diseases. The totals for the United States by different census decades are: Year 1880 was 31,973 inmates; year 1890 was 67,754; year 1910 was 159,096; year 1922 was 222,406; year 1928 was 264,226 inmates.

For California the totals are: Year 1880 was 1851 inmates; year 1890 was 3410; year 1910 was 6560; year 1922 was 11,055; year 1928 was 13,318 inmates.

These figures are indicative of the magnitude of this important problem. See, also, special article on "California State Mental Hygiene Survey" in California and Western Medicine, December 1930, page 872.

custody, or confinement of the alleged insane person as the judge shall see fit." We believe this modification will enable the court to soften the experience incident to lunacy proceedings in many cases and will be a welcomed opportunity to many families to provide their own service under conditions of their own choosing until final disposition is made at the time of the court hearing. Under present conditions many patients awaiting commitment or adjudication of their cause, or authority for custodial care in private institutions, are of necessity taken from their homes or from private sanitaria in which they are receiving treatment to public places where they are treated little better than prisoners, with unnecessary humiliation and often with unfavorable influence upon their illness.

CRUELTY OF PUBLIC HEARINGS—WHY NECESSARY?

To Section 2169 we are suggesting an additional provision as a subsection that will in many instances avoid a public hearing altogether. Under the present section the public hearing is mandatory for commitment in all cases. The witnesses are all examined in public, the alleged insane person must himself be present and not only must he hear the charge and the evidence discussed in open court, but the family of the afflicted and his friends must go through the often heart-rending and embittering experience of narrating events in open court that should be sacred and confidential to the physician and the judge.

This amendment, to be a new Section 2169a, provides that

> unless the alleged insane person specifically demands a hearing in open court, or such demand is made in behalf of the alleged insane person, the judge, after receiving a certificate of insanity as provided in Section 2170, showing the patient has been examined by two medical examiners and pronounced insane, and having heard such other evidence as he may deem sufficient, may abrogate the provisions of the above section and all other conflicting sections at his own discretion, and if satisfied that the alleged insane person is dangerously insane he may immediately, either in or out of court, issue an order for the commitment of such person to an institution licensed for the custody and treatment of the insane; or, if the person is not found to be dangerously insane but requires medical treatment for his mental or physical disease, he may commit him to the care of a qualified physician, such as mentioned in Section 2167a, holding a certificate from the Superior Court and the Department of Institutions. If, however, it appears that such insane person is harmless and his relatives or a committee of his person are willing and able properly to care for him at some place other than such institution, upon their written consent the judge may order that he be placed in the care and custody of such relatives or committee; provided, however, that prior to any procedure under the above provision notice of intention to so proceed shall be served personally upon the person alleged to be insane at least one day prior to the contemplated action. Notwithstanding the foregoing provision, if the judge to whom application is made be satisfied from any statement contained in the papers in the proceedings, or from inquiry, that personal service of the notice on the alleged insane person would be ineffective or detrimental to such a person, he may, in his discretion, dispense therewith; and he shall dispense therewith, if the qualified examiners state in writing under oath, that personal service upon the alleged insane person would in their opinion be detrimental to such person. However, whether such personal service on the alleged insane person be dispensed with or not, and the petition be made by a person other than the wife, husband, father, mother or other nearest relative, such notice shall be served upon such wife, husband, father, mother or other nearest relative of such alleged insane person, if there be any such nearest relative of such alleged insane person known to be within the county; if not, upon the person with whom such alleged insane person may reside, or at whose home he may be, or, in their absence, upon a friend of such alleged insane person; and if there be no such person or persons, such service shall in writing be dispensed with.

The above provision is practically the same as has been found useful in both New York and Massachusetts. It does not in any fundamental way remove the patient from the protection of the courts. The method is entirely optional with the judge, but we believe it does provide means for authoritative control over patients who are quite able to pay their way and to whom the present method of being taken into a psychopathic hospital or other place of detention with a public hearing after four or five days of unnecessary contacts, is objectionable and unnecessarily humiliating. We believe it will tend to reduce the frequency of jury trials and that it will also reduce the expense to the county of handling its insane.

STATE DIRECTOR OF INSTITUTIONS SHOULD BE A PHYSICIAN

An amendment to 366 of the Political Code is being sought providing that the director of institutions shall be a physician. Such an amendment hardly needs discussion. Prior to the creation of the director of institutions in California the law provided that the general superintendent of state hospitals should be a physician, and such is the case in most other states. With our state board of control passing upon all matters of business policy and money expenditures, the medical aspects of the work are altogether paramount and it would seem reasonable and proper that such provision should be made as provided in this amendment.

VOLUNTARY ADMISSION TO HOSPITALS SHOULD BE MADE POSSIBLE—ELIMINATE STIGMA

Section 2185b at present provides for voluntary admission of persons suffering from mental disease to any of the state hospitals, except Folsom State Hospital, for care and treatment subject to approval of the superintendent of said institution.

An amendment to this section is asked making it legal for any county psychopathic hospital to accept voluntary patients under similar conditions, subject to the acceptance by superintendents of such hospitals. There are several psychopathic hospitals in the State of California where this is being done at the present time, but in Los Angeles County, the largest of them all, the County Counsel has ruled that such admission for confinement behind locked doors is illegal and, therefore, the facilities of the Los Angeles

County Psychopathic Hospital are denied to those seeking it of their own volition. This provision will make available the resources of such psychopathic hospitals for diagnosis and helpful service to many patients whose needs are as urgent and whose claim upon society is as great as is the case of the unfortunate who suffer from other conditions of ill health and who now enter freely into the general hospitals for relief. Most of such voluntary patients are not committable under the present law.

HOSPITAL SUPERINTENDENTS SHOULD BE LICENSED PHYSICIANS

To Section 2152 an amendment is being asked striking out that portion of the section providing that the medical superintendent of the Patton State Hospital must always be a homeopathic physician but who must in other respects possess the same qualifications as other medical superintendents. Such amendment would leave the matter of the selection of the superintendent of Patton State Hospital entirely optional with the board or department of institutions and would make available for that position a qualified physician from any school with the same qualifications as apply to all other state hospitals. We believe that conditions prerequisite to the appointment should be determined entirely by the physician's qualifications rather than by the school from which he graduated. As a matter of fact, two of the present superintendents of California state hospitals are graduates of homeopathic schools and ably discharge their duties.

USE OF WORD "APPREHENDED" INSTEAD OF "ARRESTED" REMOVES STIGMA OF "ARREST"

A new provision is being proposed that in all sections relating to the apprehension and commitment of persons alleged to be insane there be substituted the word "apprehended" wherever the word "arrested" appears. The merit of this proposal is so self-evident that it needs no comment. It is only one step further in removing the stigma in situations where the state has to deal with its mentally sick.

COMMENT

Believing as we do that these measures are primarily in the interests of a kindlier and more efficient administration of scientific service to the mentally sick by those of the profession whose activities are in this particular field, we feel that the profession at large will want to assist in our endeavor. The support of the California Medical Association and its official journal, in enlisting the sympathetic and active support of the medical men throughout the state is greatly appreciated. There ought to be no opposition to these amendments. They can in no sense be considered controversial, and if they are defeated it will simply be through lack of support and effort on the part of those citizens whose knowledge of these problems should place upon them special responsibilities in bringing about a better state of affairs.

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RADIATION THERAPY OF CARCINOMA OF THE RESPIRATORY TRACT*

REPORT OF CASES

By ORVILLE N. MELAND, M. D.
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DISCUSSION *by H. J. Ullmann, M. D., Santa Barbara; Fredrick H. Rodenbaugh, M. D., San Francisco; Alfred C. Siefert, M. D., Oakland.*

ANY therapeutic attack on malignancy of the respiratory tract is surrounded by many difficulties, of which the first is accuracy in diagnosis, since the parts involved are frequently inaccessible to sight and touch. The diagnosis must then be based on a careful clinical history and x-ray studies, as biopsy cannot always be carried out. Furthermore, most patients coming for aid have used home remedies for a long time or they have been treated as tuberculosis suspects before the true nature of their disease has been seriously considered. During the last decade, however, the more frequent use of the direct laryngoscope and the bronchoscope has simplified the problem, since they alone give a true visualization of the pathologic condition and enable one to obtain tissue specimens to verify clinical findings.

For purposes of brevity and discussion we will not take up mediastinal growths in this paper. We will discuss the problems involved in treating lesions in the larynx, trachea and bronchi, and metastatic lesions in the lung itself.

CARCINOMA OF THE LARYNX

Most of the older literature on carcinoma of the larynx deals with its surgical relief. In recent years, however, irradiation has had many advocates. The consensus of opinion at present among laryngologists is that the early intrinsic variety should be treated surgically by means of laryngofissure or by total laryngectomy. Indeed, the work of St. Clair Thomson of London and James McKenty of New York shows that a high degree of curability is attained by these methods. Extrinsic carcinoma and intrinsic carcinoma, associated with metastasis to the regional lymph nodes, have been relegated to the radiologist, but invariably the results have been palliative rather than curative. The literature makes mention of some five-year cures of laryngeal carcinoma from x-ray and radium therapy alone. Soiland has had under his observation two patients that have passed the ten-year period; these were treated with the old irritating steel radium needles, placed within the larynx, and are ample evidence of the value of irradiation in selected individuals. Of course, the majority of the patients we have seen have been terminal cases, but even in the early intrinsic cases where operation is refused the results have been largely palliative. In the advanced cases no great improvement could be expected.

* From the Soiland Clinic, Los Angeles.

* Read before the Radiology Section of the California Medical Association at the fifty-ninth annual session at Del Monte, April 28 to May 1, 1930.